								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								11716793					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E		OR	OTHER SMALL		
TC	OTAL CLAIMS		23		-			RATE	, FEE]	RATE	FEE	
FO	PR		NUMBER FILED .		NUMBER EXTRA		B/	ASIC FEE	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGE	ABLE CLAIMS	$\partial \mathcal{S}$ minus 20=		• 3			X\$ 9=	13	OR	X\$18=		
IND	EPENDENT C	LAIMS	/ minus 3 =		• /			X43= 43		OR	X86=		
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT			+145				OR	+290=		
* If	the difference	in column 1 _. is	ess than zero, enter "0" in column 2				-	OTAL	155	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	8/5/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAŢE	ADDI- TIONAL FEE	
	Total	· 0%	Minus	-0	3	=	,	(\$ 9=		OR	X\$18=		
ME	Independent	• 4	Minus	*** 2	Z	= /		X43=		OR	X86=		
_	FIRST PRESE	LTIPLE DEPENDENT CLA		CLAIM			145			+290=			
								145=		OR	TOTAL		
								OIT. FEE	L	OR	ADDIT. FEE		
	// (Column 1) (Column 2) (Column 3)												
AMENDMENT B	4/3/06.	REMAINING AFTER AMENDMENT		NUME PREVIO	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 22	Minus	**2	3	-	\ \ \	(\$ 9=		OR	X\$18=		
	Independent	* · H	Minus	DEDENDENT O		-/	7	(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							145≐		OR	+290=		
TOTAL										OR .	TOTAL		
(Column 1) (Column 2) (Column 3)								NT. FEE		, ,	ADDIT. FEE		
	`	CLAIMS		HIGHE		(Column 3)			ADDI-	•		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	a th		= .	X	\$9=		OR	X\$18=		
	Independent	•	Minus	***			T _x	43=		1	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
+145= OR +290													
* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE		
		mber Previously Pa ber Previously Paid							ropriate box	-			
											•	•	